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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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A. RAMSEY AUG 24 2023

COVER LETTER

TO:

| TO: Registration Division of | n Section Corporations | | |
|------------------------------|--|---|---|
| | e Ventures. LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The englosed Article | s of Amendment and fee(s) are sub | mitted for filing | |
| | espondence concerning this matter | | |
| riease return an corr | espondence concerning this matter | to the following. | |
| | Chiana Combee | | |
| | | Name of Person | |
| | Chiana Combee | | |
| | | Firm/Company | |
| | 1274 SUMMERWOOD C | ir | |
| | | Address | |
| | Wellington, FL 33414 | | |
| | - | City/State and Zip Code | |
| | BakeryprokitchenWPB@gr | nail.com to be used for future annual report notificati | on) |
| For further informat | ion concerning this matter, please c | · | , |
| Chiana Combee | | 813 7310701 at () | |
| Na | me of Person | Area Code Daytime Tel | ephone Number |
| Enclosed is a check | for the following amount: | | |
| ■ \$25.00 Filing F | ee S30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Division P.O. Box | ion Section of Corporations | Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32 | ations hassee reet, Suite 810 |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Combee Ventures. LLC

2023 AUG -7 PM 12 54

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Liability Company v | were filed on July 28, 202 | and assigned | |
|--|---|--|--|
| Florida document number L23000356932 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liabil | mending name, enter the new name of the limited liability company here: Ventures LLC name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." new principal offices address, if applicable: pal office address MUST BE A STREET ADDRESS) new mailing address, if applicable: new mailing address, if applicable: new address MAY BE A POST OFFICE BOX) mending the registered agent and/or registered office address on our records, enter the name of the new registered | | |
| Combee Ventures LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liabili | ty Company," the designation | "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>e</u> | nter the name of the new registered | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| New Registered Office Address. | Enter Florida street e | uddress | |
| | , Florida | | |
| | City | _, Florida Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change. | performance of my duti provided for in Chapter | es, and I am familiar with and 605, F.S. Or, if this document is | |

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
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| ffective date, if other than the date of an effective date is listed, the date must be specified: If the date inserted in this block does ocument's effective date on the Department | fic and cannot be price not meet the appli | cable statutory filing r | (optional) than 90 days after filing.) Pu equirements, this date wil | rsuant to 605.0207 (I not be listed as t |
| record specifies a delayed effective date, by | | | the earlier of: (b) The 9 | Oth day after the |
| is filed. | | | 32 | |
| ated | , 2023 | - | | |
| | | | | |
| Signature | e of a member or aut | horized representative of | a member | |

Typed or printed name of signee